

**“How do we understand anxiety? A Heideggerian
approach to modern psychiatry”.**



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Name: **Siobhan M. Mowat**

Exam Number: **9876603**

Signed:

Date:

Abstract.

The aim of this dissertation is to critically engage with anxiety on a psychiatric level, to develop an understanding of its role as a symptom of mental ill-health as it compares with the Heideggerian concept of intrinsic meaning within anxiety, and to then proceed to a discussion of the potential for an amalgamated view that ultimately best serves the interests of the individual. Psychiatry often dismisses anxiety as a potentially dangerous and undesirable interruption of one's everyday life; I shall demonstrate, through the philosophy of Heidegger, that this is precisely why it holds higher meaning and significance for *Dasein*, as an opening up of man's inherent potentiality for authentic human existence. The final stage will be a direct comparison of the two approaches, examining the implications that they have for the future position of psychiatry in society, particularly in terms of individual self-awareness. What is the role of psychiatry now and is this the role that it should take? How does psychiatry's neglect of the higher meaning in anxiety affect the doctor-patient relationship? Is there any aspect of anxiety that Heidegger's theory in fact neglects? And most importantly, is there scope for a Heideggerian approach to mental health that incorporates both the ontological and the ontic experiences of *Dasein* in anxiety?

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Anxiety thus takes away from Dasein the possibility of understanding itself, as it falls, in terms of the 'world' and the way things have been publicly interpreted. Anxiety throws Dasein back upon that which it is anxious about – its authentic potentiality-for-Being-in-the-world.

Martin Heidegger, *Being and Time*, p232.

With special thanks to Dr Dominic Smith and Dr Lars Iyer
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Introduction.

It is the fundamental condition of the human being to live embedded within the world. We learn to define and understand ourselves in terms of the people and culture around us, and even in terms of the world itself. We attribute meaning and significance to certain aspects of it, and this is how we learn to live in it. What does this mean, then, if the meaning that we saw in the world is suddenly ripped away from us?

This is what happens in the unsettling and pervasive experience of anxiety. It is a very difficult experience to define, despite providing a universal theme through many areas of study that all strongly rely upon it. In this dissertation, I shall be critically engaging with two of these areas – psychiatry and philosophy – in order to demonstrate the need to coordinate the two into a coherent picture of anxiety and its role in the life of the individual.

I shall begin by exploring the fundamentally scientific way in which anxiety is viewed in the modern world, through the work of several psychiatrists, focusing upon the ideas presented by Professor Stanley Rachman and by Dr Donald Goodwin. I intend to provide an in-depth explanation of the shortcomings of modern psychiatry in its understanding of and treatment of anxiety, particularly in terms of its neglect of the inherent meaning within anxiety. I shall then consider my findings through the work of Martin Heidegger, who argued that anxiety is not a problem requiring treatment, but in fact an opening of the true significance of human nature that enables a deeper understanding of authentic life.

I shall thus further my investigation into the possible amalgamation of these two substantively different approaches, establishing the profundity of anxiety and finally reflecting upon the implications for the human experience of it. Is anxiety something more than psychiatry allows it to be and, if so, should we therefore dismiss psychiatry? Or, perhaps, does Heidegger look for meaning where there is none? Finally, what possibility is there for the development of a Heideggerian psychiatry that approaches ‘mental health’ in a truly innovative way?

Chapter 1: Psychiatry and Anxiety.

What is Anxiety?

Considering its prevalence within modern society, there is relatively little known about anxiety and its causes as an issue in mental health. Indeed, even in seminal textbooks such as the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD), its actual definition seems to be implicitly understood without description, and it is simply separated into categories that involve a certain degree, or presentation, of anxiety – for instance, panic disorder and generalized anxiety disorder (DSM-IV, 1994, p393-444). It is a very complicated subject, though, and merits investigation.

One psychiatrist, who did question the nature of anxiety and how it ought to be defined scientifically, was Eugene Levitt; he argued that anxiety is an emotion and as such is a ‘construct’, or a hypothetical entity with no physical properties or existence (Levitt, 1980, p4). It is difficult to define because it is an experience, with operational definitions that demonstrate particular instances of anxiety but not anxiety in itself. Within his work, he presents the ideas of psychoanalysts such as Sigmund Freud and Rollo May, who consider anxiety to be “a vague fear stemming from a source than is unknown to the stricken individual” (ibid., p6). When understood in this way, anxiety seems to be an experience of a certain degree of powerlessness, since the individual does not have the power to identify the source of the emotion. Furthermore, although the terms are often used interchangeably, anxiety can here be contrasted with fear, in that anxiety is unspecific and, as May puts it, ‘objectless’ (1977¹) whereas fear has an identifiable object that threatens the individual. As such, the experience of anxiety can prove more traumatic than fear because the individual is “deprived of any avenue of escape from the threatening danger” and so Levitt goes on to claim that a person suffering from ‘free-floating’ anxiety can often transfer it onto external focal points or objects, turning it into its less unsettling counterpart, fear (Levitt, op. cit., p6-7). Consequently, anxiety disorders such as obsessional-compulsive disorder can be understood as a displacement of free-

¹ As cited in Levitt, 1980, p6.

floating anxiety onto the patient's surroundings, converting it into a specific anxious fear (in this case about dirt or disorderliness); the apparent cause of the emotion can then be adjusted or corrected (the dirt can be cleaned and the objects tidied), thus countering the anxiety. If this is indeed the case, it could also help to explain why it becomes so difficult to investigate anxiety as a whole as well as its separate manifest disorders, since pure anxiety is very quickly altered or avoided through this self-defence mechanism.

However, it is important here to note that there is another branch of thought regarding the nature of anxiety, put forward by the psychiatrist David Barlow in his book Anxiety and its Disorders. A possible explanation for the lack of identifiable focal point is given through the argument that it is a future-oriented, not present-oriented, mood (Barlow, 2002, p64). While fear focuses upon the danger posed by identified sources in the world, anxiety is an uneasy apprehension about imagined upcoming events and so has no concrete trigger or target. The patient unconsciously² speculates about future dangers and, more importantly, his inability to prepare for them. He therefore cannot attribute his anxiety to a definite object, because there is none – in fact, his vision of a negative future does not necessarily consist of specific traumas or accidents that may occur, and may even simply be apprehension of the mere possibility of trauma. It is not that the individual is preparing himself for an earthquake or a robbery, but instead that he is overwhelmed by the possibility that these things (and so much more) could happen.

Survival instinct or self-defeating pathology?

The actual experience of anxiety is not the focus of investigation within psychiatry, though, and that fact has at least contributed to this ambiguous lack of definition; as long

² Here, I must pause to mention that I will return to the issue of the unconscious mind from the framework of existentialism in my later work. For now I am simply using the term 'unconscious' in its Freudian understanding, in terms of his tripartite separation of the mind into the conscious 'ego' (the rational self), the unconscious 'id' (the irrational and uninhibited centre of desires/impulses) and the preconscious 'superego' (the moral centre which opposes and censors the personally/socially unacceptable desires of the id). In Freudian terms, a patient's unconscious can affect him without his conscious awareness, and so the cause of certain actions – or particularly mental processes – will be unknown to him. In this case, the patient is unaware of the true object and origin of his anxiety. I shall demonstrate later how this theory of the unconscious compares with existentialism's emphasis upon personal responsibility.

as there is some degree of consensual understanding of it, whether openly discussed or not³, the focus is its treatment. As Stanley Rachman explains:

Clinicians have an excellent reason for pursuing their interest in anxiety – it turns out that they are ‘good at it’, and have forged demonstrably effective techniques for reducing unwanted, distressing anxiety (1998, p2).

Aside from studying the symptoms that must be treated, the *what* of anxiety becomes much less important than the *how* – how does anxiety occur? One idea as to the origin of anxiety is the role it could play as a self-preservation instinct. Like fear, anxiety is an alert-system in threatening situations, that ‘primes’ the individual for better detection of danger. It is of survival value (ibid., p29).

However, here we must recall the distinction drawn between anxiety and fear. Fear is a survival tool because its source can be identified and then avoided, thus ensuring one’s safety; can the same be said of anxiety? Donald Goodwin claims that, if the source of anxiety is unknown (which, of course, it must be if the affective state is indeed to be categorised as anxiety), then it cannot be of use to the individual. In his own words, “anxiety has no more survival value than a tension headache” (Goodwin, 1986, p21). David Barlow furthers this argument by claiming that, not only does anxiety hold no survival value of its own, but it actually endangers the individual, emotionally and physically. He cites the example of John Madden, an American football commentator and coach and long-time claustrophobic anxiety sufferer, who must travel by train rather than plane – due to his extreme claustrophobia – and thus significantly increases the time, length and stress⁴ of his journeys across the country for no reason other than the avoidance of unnecessary and illogical anxiety; it is, at best, self-defeating behaviour (Barlow, op. cit., p10). However, the more compelling argument regarding the dangers of

³ And, in some cases, whether or not the supposed consensus actually exists when scrutinised!

⁴ It is also speculated that he could be increasing the danger of his journeys by taking the train instead of flying, but this claim is rather contentious as it relies heavily upon the disputable notion that air-travel has a (proportionately) lower mortality rate than rail-travel.

anxiety comes from the evidence that Barlow provides on subsequent health issues in anxiety patients:

Long-term follow-up studies of both inpatients... and outpatients... found a greater-than-expected mortality rate in patients with original diagnoses of anxiety disorders, particularly panic disorders. This excess mortality rate was attributed primarily to cardiovascular disease and suicide” (ibid., p11).

The physical symptoms of anxiety – which can include fatigue, muscle tension, insomnia, heart palpitations and nausea (DSM-IV, 1994) – have a very negative impact upon the sufferer’s health. There is also the related issue of somatisation, whereby an anxiety patient may exhibit physical symptoms as a direct result of their psychological stress (for example, hives). The damage that anxiety causes the sufferer is certainly not just physical, though; Barlow places great emphasis upon the emotional damage, including suicidal tendencies, depression, substance dependence (alcoholism) and ongoing distress. He even goes so far as to say that “anxiety kills relatively few people, but many more would welcome death as an alternative to the paralysis and suffering resulting from anxiety in its severe form” (ibid., p18). It seems that the pivotal difference between the positive and negative views of anxiety is the degree to which it is felt, or more specifically, the degree to which it impacts upon the sufferer’s everyday life. Psychiatry enters when the anxiety becomes pathological, impeding normal life and causing self-destructive or self-sabotaging behaviour. The ‘functional impairment’ of anxiety disorders is increasingly compared with that of chronic illnesses such as diabetes (Brawman-Mintzer, 2001); Goodwin’s argument is that, although anxiety may be better dealt with on one’s own, a similar line of reasoning could state that insulin is also better produced by one’s own pancreas, but in the absence of this possibility, medicine must intervene (Goodwin, op. cit., p59). It would certainly be better if patients could deal with their problems themselves, but mental health – like physical health – is not that simple. When the physical and emotional impact of severe anxiety proves to be a greater risk for the individual than the removal of the anxiety warning-system, it is the role of psychiatry to resolve the ongoing anxiety and allow the patient to reclaim his life. In order to do this,

however, it must first develop an understanding of how anxiety physically occurs, and this often proves problematic with many competing and apparently incompatible theories.

Four theories of anxiety.

Essentially, these theories of the origin of anxiety can be separated into four categories: learning theory (including accounts of conditioning), cognitive theory, psychoanalytical theory, and biological theory (Rachman, op cit.).

The learning/conditioning theory states that anxiety, like fear, is a learned response signalling danger, conditioned through previous empirical encounters with threatening or dangerous phenomena and related to the 'fight or flight' bodily response. Although the onset of anxiety is generally beyond the control of the patient, the original source of the anxiety is a result of conditioning (intentional or otherwise), as shown in many case studies of experimentally-generated anxieties and even phobias. Goodwin describes the case of a young boy who was repeatedly shown a rat and simultaneously heard a loud noise just behind him, so that he associated the rat with the shock and fear of the unexpected loud noise; in a short time, the anxiety reaction became automatically triggered by the presence of the rat, even without any noise or shock factor. Gradually, he also became anxious around other small animals, and his anxiety even developed into a phobia of anything vaguely resembling a rat (notably the furry beard of a Santa mask) (Goodwin, op. cit., p45-6)⁵. Arguably, this explanation can be extended to basic anxieties in everyday life, whereby a patient may associate unrelated trivial factors with a source of danger – the boy associating a Santa mask with the threatening noise – and so will feel anxiety in seemingly unrelated situations. As such, anxiety becomes something that is very much beyond our control and that often cannot be explained comprehensively, given the intricate and imperceptible nature of the conditions for the anxiety response: there are so many interplaying factors that can condition individuals to feel anxiety, that they can seem unidentifiable. Furthermore, through the research completed by John Watson (who performed the above experiment with the rat), it becomes clear that anxiety is a very

⁵ Also see <http://www.psychology.sbc.edu/Little%20Albert.htm> for a more in-depth explanation of the conditioning experiment in question.

difficult response to ‘unlearn’, remaining with sufferers throughout their lives, which drastically alters the way in which psychiatry must approach its treatment⁶.

The cognitive theory does not necessarily contradict the ideas put forward by the learning theory, but instead places more emphasis upon the patient’s interpretative understanding of the situation and the way in which he cognises his surroundings; as such, different people will interpret the same situation differently, and consequently will feel different emotions. Particularly in terms of panic attacks, the cognitivists argued that it is the brain’s misinterpretation of its bodily state that causes the onset, rather than simply a learned reaction to a real danger. Although personal cognition and analysis of situations could be the initial cause of learned associative responses, the learning theory does not articulate the significance of individual anxiety, or the way in which this impacts upon psychiatric treatment; anxiety becomes an experience that cannot be universally defined. By this I mean that one cannot state an automatic reaction to a given situation – especially in the case of victims of severe trauma (such as rape), different people can react in radically different ways (some may feel crippling anxiety when around men, whereas others may not even feel anxious when in similar situations to their attack). This explanation can also be extended to encompass what is often described as ‘anxiety-proneness’ within certain agents, which I shall discuss later.

The psychoanalytic explanation takes a different approach from these two theories, extending the understanding of anxiety into two distinct categories, as laid out by Freud⁷: one that is objective and one that is neurotic. The objective anxiety is as anxiety is understood within the other theories – a fear reaction to a perceived external threat, with a rational basis as a survival instinct. The neurotic anxiety, however, is, as Rachman describes it, “inexpedient and excessive, paralysing actions and even hindering flight” (op. cit., p65) and thus holds no value as a survival instinct. It is Freud’s theory that neurotic and pathological anxiety is the conversion of repressed sexual impulses into dread of external symbolic objects, whereby the ego is protected from damaging, internal

⁶ As I shall demonstrate, other theories such as the biological theory put forward a very finite, clear-cut explanation for anxiety that implies that it could be permanently ‘cured’.

⁷ And as touched upon, through the work of Goodwin, on the previous two pages.

desires. This means that anxiety felt regarding specific scenarios or problems, such as agoraphobia about open and public places, is actually displaced sexual desire and should be treated in terms of the repressed desires rather than the apparent symptoms. This explanation is most often contended by the biological explanation (the final of our four theories), primarily because the resultant treatment for anxiety is radically different within the two theories.

It is important to note that, when contrasting the psychoanalytical theory and the biological theory, the former focuses upon anxiety in general but the latter tackles each anxiety disorder individually. As such, the biological theory does not deal directly with 'anxiety', but rather with its separate forms that it claims have different, potentially unrelated causes. It describes anxiety as a result of imbalances in hormones and biochemical metabolism – obsessional-compulsive disorder, for instance, was originally asserted to be caused by a serotonin deficiency (ibid., p69). Prescribed medication then rights the imbalance and 'cures' the symptom(s). Although this allows for similar agent-specificity to the previous theories (as I shall discuss below), it does not allow for the influence of a person's character upon his anxiety, as in the learning and psychoanalytical theories – the underlying factor is simply one's personal biology, not one's conscious or unconscious interpretation of a situation. It is not necessary to study anything other than the physical balance of hormones within the body in order to diagnose and permanently treat the anxiety. However, here psychoanalysts contest that, not only is the research into these hormonal deficiencies unreliable, but patients receiving psychological therapy also demonstrate recovery from the same symptoms, which could not be explained if the cause of anxiety was purely biological (ibid., p70). One logical conclusion could be that there are multiple underlying causes (a mixture of biological and psychological factors) that are mutually influential, so that treatment of one temporarily, or even permanently, placates the other.

Initially, it does not seem that the four theories that I have described are necessarily incompatible with one another. For instance, the learning theory's assertion that anxiety can often become triggered by unrelated external objects through association and

conditioning could involve the transference of one's unconscious thoughts and desires, as in Freudian theory; the mind cannot tolerate certain desires and so it transfers the anxiety to an external source and over time, with the recurrence of the desire and the repeated transference, the anxiety becomes a learned response. However, it seems unlikely that all four could be amalgamated into a single comprehensive explanation of the cause of anxiety because they all emphasise different aspects of anxiety as the key to understanding it. The experience itself could be a result of physiological changes, or vice versa; the anxiety could be directed at the world or at oneself and one's desires, or both. One crucial factor that they do all share, though, is the question of 'anxiety-proneness' and anxiety as a personality trait, and this is an issue that I shall now study in further detail.

Anxiety-proneness.

Anxiety-proneness is a fundamental concept to all four theories described above, because it deals with the notion that certain people can be more susceptible to the onset of anxiety than others, and this will have a noticeable impact upon how we view anxiety in terms of Heidegger's philosophy. In terms of the learning theory, an individual's proneness to severe anxiety will depend upon the way in which his beliefs and intuitions about the world have been conditioned. The boy featured in the case study mentioned, who was conditioned to fear anything that reminded him of the rat, could easily find himself feeling anxious in a great deal of everyday situations (if a furry animal was present, for example), in which case the situation itself cannot be considered anxiety-provoking or threatening and the cause of the anxiety is therefore specific to the individual involved. Similarly, within the cognitive theory, anxiety is intrinsically explained in terms of the individual's perception of the situation rather than the reality of the situation, implying that there is a difference between the two, which again leads to an agent-specific source of anxiety. The psychoanalytical and biological theories also allow for individual differences in desire-recognition and displacement mechanisms in the former, and individual physiological differences in the latter, both of which will cause different levels of anxiety in people and subsequently anxiety becomes an agent-specific trait. There is evidence for the importance of both experiential and biological determinants (ibid., p29),

and Goodwin argues rather strongly in favour of biological proneness, claiming that if a traumatic incident on its own were enough to instigate an anxiety disorder, then such disorders would be much more prevalent than they currently are; if a car crash, for instance, is all that it takes to cause anxiety-proneness, why do all victims of car crashes not suffer from it as a result (Goodwin, op. cit, p99)? Effectively, his argument is that, although personal experience will impact upon an individual's anxiety-proneness, the impact is dependant upon the initial susceptibility. This idea also appears in the work of Levitt on several occasions.

The disposition within the individual is the critical factor. If it does not exist, no perception of threat will occur. The person is primary; the circumstances are secondary (Levitt, op. cit., p14).

A situation deemed threatening (though he will not necessarily know why) by one individual will not necessarily appear so to other people if their experiences of similar situations are different, and especially if they have a different biological framework. Anxiety-inducing scenarios therefore become very difficult to define, and the psychiatrist's understanding of his patient's disorder must rely upon that person's individual experiences; it is possible that no one else will encounter scenarios and the world in the same way as the patient. This raises an interesting question in terms of anxiety as a private, potentially isolating experience. Within the research of Ronnie Janoff-Bulman⁸, an aspect of anxiety is considered that has not yet been covered in my explanation of its psychiatric definitions – the damage that it causes upon the sufferer's lifeworld. She has drawn her conclusions after interacting with victims of traumas (such as rape and life-threatening illnesses), and describes it thus:

The confrontation with real or potential injury or death breaks the barrier of complacency and resistance in our assumptive worlds, and a profound

⁸ As referenced in Patrick Bracken's Trauma: Culture, Meaning and Philosophy (2002), to which I shall return later in much greater detail.

psychological crisis is induced... Suddenly, the self- and worldviews they had taken for granted are unreliable (Janoff-Bulman, 1992, p61-2)⁹.

Her fundamental argument is that the world no longer appears as the patient had understood it before the trauma (that caused the onset of anxiety), and the victim becomes 'disillusioned'. In anxieties such as post-traumatic stress disorder (PTSD), the sufferer begins to see the world in a different way, without the basic assumptions and illusions upon which he used to rely, and can often feel somewhat 'cut off' from it (Bracken, 2002, p140-3). This effect is also sometimes called derealisation, and refers to the feeling that the world has somehow lost its reality and its familiarity¹⁰. Within this description, anxiety remains an individual issue, but its scope expands to incorporate a radical change in the individual's view of the world, not just of himself or that particular situation; he has no comfort left on which to fall back, and the anxiety will become much more threatening because it has taken away the safety of the world. The anxiety consumes everything else and must be evaded or prevented in order to recover one's place in the world.

Avoidance and transference.

If we understand anxiety in this way rather than simply an irking uneasiness, it becomes much clearer why anxiety sufferers respond to their anxiety with certain defence mechanisms. One of the primary automatic responses exhibited is what is known as avoidance behaviour, in which the anxiety sufferer will blindly do whatever it takes to escape and then avoid the anxiety-provoking situation. It can be both a conscious and an unconscious reaction, and varies in its level of self-destructiveness (from avoiding watching scary films – a fairly everyday and harmless avoidance – to avoiding leaving the house at all – a severe indication of uncontrollable anxiety and emotional self-harm) (Levitt, op. cit., p34). Others include repression, denial and projection, but another particularly interesting one, in

⁹ Cited in Bracken, 2002, p59.

¹⁰ See Britannica encyclopaedia entry on Depersonalisation:
<http://www.britannica.com/EBchecked/topic/375345/mental-disorder/32355/Dissociative-disorders#ref=ref925485>

terms of the specific disorders to which I have previously alluded, is compulsion. This entails the compulsive execution of certain, usually menial, tasks such as straightening picture frames or leaving early for appointments¹¹. Levitt claims that the source of this displacement originates in childhood, where parents would reprimand children for being dirty, late, rude and so on; so, even in adulthood, the individual unconsciously assumes that the unidentified threat causing anxiety must be the threat of punishment for such behaviour and therefore rectifies it, allowing some relief (temporary though it may be) from the anxiety (Levitt, op. cit., p43-4).

However, Rachman also has another rather simple explanation for compulsive behaviour, which can also be of use in our understanding of OCD: carrying out compulsions relieves anxiety (Rachman, op. cit., p121-135). In terms of OCD, this is not surprising – if the anxiety surrounds the need to complete the tasks, then completing them would satiate the anxious need. However, it can also apply to people suffering from anxiety that, on closer analysis, is not related to the task being undertaken. In these cases, it would seem that anxiety has been transferred into an achievable goal and can then be negated through completion of the task. It is at this point that psychiatry takes over from the patient because, as Levitt explains, many instinctual defence mechanisms for coping with anxiety – particularly avoidance – have a very limited scope and can often cause their own problems. For instance, many people (as was demonstrated by Barlow) learn to depend upon substances such as alcohol as an escape mechanism from their anxiety, but the resultant dependency not only serves as a mere mask for the underlying issue¹², but also causes new anxiety in the form of addiction. As such, although many people are capable of handling their anxiety themselves, it is often necessary for a psychiatrist to become involved and to help the patient to identify the full extent of their anxiety and treat it as effectively as possible.

¹¹ Interestingly, these are not primarily identified as ‘anxious tics’, and Levitt seems to imply that this is because they can be of social use (it does not apparently harm to sufferer if they adjust a picture frame, and it ensures that picture frames will be corrected more often). Perhaps his implication would even go so far as to suggest that – in our understanding of anxiety as negative only when it impedes or harm our everyday life – the symptoms of our anxiety are only negative and in need of ‘correction’ if they harm us.

¹² Meaning that the original cause of the anxiety – whether it is conditioned, psychological, biological or cognitive – remains and is never dealt with.

Summary.

We are now in a position to move on from this consideration of the basis of psychiatric treatment of anxiety. Although there are several branches within psychiatry, some of which are incompatible with one another, there are some clear underlying themes that run through them all. The most prominent of these is the notion of anxiety as a vague fear with no identifiable focal point or object, making anxiety more oppressive than its counterpart fear because it cannot be as clearly evaded. Psychiatrists often disagree upon the way in which anxiety can and should be treated, but there is one important assumption within all branches of psychiatry: anxiety is a form of suffering and therefore should be treated. Responses such as avoidance are a natural (although, in some cases, unhealthy through their extremity) reaction to a negative, damaging experience. This overall explanation is arguably the most prominent understanding of anxiety within the modern western world. It is certainly not the only understanding of it, however, as I shall demonstrate in the next section through the philosophical work of Martin Heidegger.

Chapter 2: Heidegger and Anxiety.

The foundation of Heideggerian thought.

I shall now proceed to my explication of Heideggerian thought on anxiety and its meaning for the individual. Fundamentally, anxiety is essential in our understanding of *Dasein*, a term that Heidegger uses to denote pure human existence. Unlike other forms of existence, *Dasein* has extensive self-awareness, autonomy and, most importantly, the potential to acknowledge and embrace its own mortality. This is not to be thought of as simply another term for the concept of agency, however. Heidegger would contend that agency is in fact subordinate to *Dasein* – an agent is conditioned by *Dasein*.

Dasein is the condition of potentiality and finitude¹³; it is also the pre-reflective understanding of the world that is inherent within agency. As such, it is of great ontological significance. Ontology is another Heideggerian term, which describes the study of the nature of Being; this refers to the true essence of Being, though, or the nature of existence. Ontic, on the other hand, is a term used to describe particular entities¹⁴. The world can be experienced both ontologically and ontically, but there are very important differences between them as I shall explain through the notions of authenticity and inauthenticity in the next sections.

What is anxiety?

A great deal of Heidegger's thought hinges upon the importance of attunement, or mood, because it is mood that dictates the way in which we encounter the world around us. A good mood causes me to approach the world in a more positive manner, and so on. While moods themselves can change, the facticity of mood does not. It is an inescapable element of human experience, and our understanding of the world fundamentally depends upon the mood in which we encounter it (Heidegger, 1929, p100). The simplest of situations can seem entirely different depending on my mood at the time of its occurrence – for instance, a bad mood may make me intolerant of things or incidents that I would otherwise overlook (such as a pen running out of ink while I am using it) because the

¹³ Finitude in terms of its inability to transcend temporal and spatial restrictions, or its own mortality.

¹⁴ Further Heideggerian terms for this distinction would be *existentiale* vs. *existentiell* which refer to a ontological characteristic and an ontic characteristic, respectively (Heidegger, 1927, p33-5)

problem caused seems magnified. Unlike emotion, mood does not pertain to a specific aspect of my experience, but rather to my overall project, and it thereby affects my entire life rather than a part of it. Furthermore, it often has no particular ontic trigger and so cannot be negated through rational thought or action. We thus have very little control over mood, and it can often seem to strike us unexpectedly. This is especially true of anxiety, the mood that Heidegger emphasises as the most profound.

His theory is not unlike the psychiatric understanding of anxiety, as demonstrated by Levitt, that I explained in the previous section – anxiety is perhaps best understood as a strong feeling of unease, where the individual no longer feels ‘at home’ within the world (Heidegger, 1927, p233). The world became a home through the meaning and networks of familiarity that he constructed, assigning significance to relationships with other agents and entities within-the-world to create an understanding of them. During the experience of anxiety, these networks of familiarity dissolve and the world itself seems entirely unfamiliar. The entities within-the-world that previously held significance fall away, and all that remains is *Dasein*.

As *Dasein* falls, anxiety brings it back from its absorption in the ‘world’.
Everyday familiarity collapses (ibid., p233).

Previously, *Dasein* apprehended objects and entities within-the-world as *ready-to-hand*¹⁵ – this means that they were readily accessible and understandable for it, without reflection or deliberation, and it only saw them in terms of how they suited its current tasks and objectives (ibid., p98). *Dasein* encountered and used them in everyday life without active awareness of them; indeed, it barely noticed their existence unless they ceased to function in the expected manner (such as a shoe heel breaking, or a chair that it had previously been sitting on instead becoming an obstacle when it tries to leave the room). During anxiety, however, this understanding slips away and although *Dasein* may

¹⁵ This is contrasted with the present-at-hand, which is a much more analytical and scientific view of entities within-the-world.

still comprehend the function and existence of entities within-the-world¹⁶, it no longer understands why it uses them, or even how it previously used them, since now they seem to obtrude upon its existence too much to be utilised. *Dasein* can explain the objects that formerly held significance, but it cannot understand them, and so the world becomes insignificant for it. This is reminiscent of the concept of derealisation to which I have previously alluded.

Interestingly, Heidegger has already demonstrated a much more in-depth conception of the meaning of anxiety than psychiatric theory – he does not allow the meaning to remain self-evident, or pass without examination. Like psychiatry, however, he does not give a detailed account of the experience of anxiety, choosing to focus instead upon the meaning behind it and its significance for *Dasein*. An interesting portrayal of the experience itself can be found in Roquentin's narrative in Sartre's Nausea, where he describes an onset of nausea in which the colours in another man's braces will not stop obtruding into his consciousness, forcing themselves on him as if by their own will (Sartre, 1938, p33-4). He also describes a sudden feeling of his shirt rubbing against his chest, a sensation presumably felt but ignored by non-anxious, projecting *Dasein*. It seems that, within nausea, the afflicting sensations are not unnatural phenomena within the world, but are the unexpected obtrusion of things that *Dasein* neglects within its everyday life (where it encounters the world somewhat pragmatically, in terms of its goals and projects). Roquentin's depiction is perhaps a more gripping narrative than is given by Heidegger, but there is a key difference between Heidegger's anxiety and Sartre's nausea: for Roquentin, the experience seems to be the world and its significance falling apart, but anxiety instead pertains to the falling *away* of the world. Roquentin in fact seems to feel the world closing in around him instead of receding, and objects are now able to 'touch him' when they should remain lifeless and inert (Dreyfus, 2001, p179). It is the world that physically oppresses Roquentin, whereas the Heideggerian individual would feel oppression from *Dasein*'s prominence in the newly emptied world:

¹⁶ *Dasein* can still understand that a pen is for writing, a blanket is for keeping warm etc.

In anxiety what is environmentally ready-to-hand sinks away, and so, in general, do entities within-the-world. The 'world' can offer nothing more, and neither can the Dasein-with of Others (Heidegger, 1927, p232).

Anxious *Dasein* remains in the world, but has been individuated within it and feels separated from others and from entities which fall away from it (ibid., p233). As they fall away, the understanding of itself that *Dasein* had developed based upon its relationship to the world and the entities within it therefore slips away as well. *Dasein* is ultimately a victim of its own 'thrownness', finding itself in an existence that it did not choose. Not only is it forced into the human condition – with everything that humanity entails, particularly mortality – but it is also forced into *historicity* (a legacy of historical and socio-cultural context) that establishes its life-situation without its consent (ibid., p41). Consequently, its preliminary basis for determining and understanding itself is external to itself, relying on the situation into which, and people with whom, it has been thrown. The disappearance of *Dasein*'s world of familiarity therefore also causes its image of itself to break down. It can no longer define itself in terms of other agents or the world in which it lives. In anxiety, *Dasein* is individuated and suspended alone in 'the nothing', so it is torn away from ontic preoccupation and is forced to confront its true nature. Anxiety may seem a rather jarring and negative experience, to thus displace *Dasein* and the familiar world, but Heidegger argues that *Dasein*'s former absorption within the ontic obstructs its potential for authenticity, and so the experience of anxiety allows it the freedom to acknowledge this.

Authenticity and inauthenticity.

Heidegger's contrast of authenticity and inauthenticity is very interesting within this area of his philosophy, because it is not the succinct dichotomy that it may initially appear. One cannot consider authenticity as superior existence and inauthenticity as non-existence; *Dasein* does not lose any element of its Being through inauthentic existence. While in the work of men such as Nietzsche, the inauthentic agent (the 'Ultimate Man') has entirely negated his own will and is condemned to the almost farcical existence of unstriving placidity (Nietzsche, 1885, p45-7), Heidegger acknowledges that *Dasein*

remains *Dasein* even in inauthenticity; its potential for freedom and self-actualisation is concealed but not nullified. Authentic existence is thus never forsaken.

On no account... do the terms “inauthentic” and “non-authentic” signify ‘really not’, as if in this mode of Being, *Dasein* were altogether to lose its Being. “Inauthenticity” does not mean anything like Being-no-longer-in-the-world, but amounts rather to a quite distinctive kind of Being-in-the-world (Heidegger, 1927, p220).

Dasein’s potential for authenticity remains, and it is this potentiality that is encountered within anxiety. As *Dasein* is individuated through the slipping away of the familiar world, it is forced to look upon its own significance and potentiality. It acknowledges its thrownness and can either embrace it or succumb to it. If it embraces its thrownness, it can identify itself as a free agent, responsible for its own life and projects, and will therefore not allow public interpretation to dominate its will. If it instead succumbs to it, it will consider the fact that it did not choose to exist to be an indication of its overall powerlessness, and therefore see its life as beyond its control, allowing itself to be dragged along in the hustle of *Das Man*, or ‘the They’. The existence of *Das Man* is a form of herd mentality, where agents live as it has been prescribed for them by what Heidegger calls ‘idle talk’ and public interpretation, and take no responsibility for themselves as agents. They have allowed themselves to fall entirely into the world and become absorbed in the everyday, meaningless tasks in which anxious *Dasein* can no longer participate¹⁷. They have abandoned authentic existence for the comfort of losing themselves in *Das Man* (ibid., p220). The inauthentic appeals to *Dasein* because of its comforting tranquillity. That is not to say that the ‘They’ are inactive; on the contrary, the way-of-life of *Das Man* is one of flurry and endless tasks to be completed. It is a false activity, though, given false significance through public interpretation and this is where the attraction lies. Falling into the ‘They’, *Dasein* can ‘dim down’ the anxiety it faces and forget its autonomy temporarily, distracted by the “uninhibited hustle” of *Das Man*.

¹⁷ This should not be understood as claiming that *Dasein* does not understand the tasks. In fact, the issue could be described as *Dasein* having too clear an understanding of the tasks – it is no longer blinded by its former bias within the world, and sees the tasks for their true meaninglessness.

If Dasein itself, in idle talk and in the way things have been publicly interpreted, presents to itself the possibility of losing itself in the “they” and falling into groundlessness, this tells us that Dasein prepares for itself a constant temptation towards falling. Being-in-the-world is in itself *tempting* (ibid., p221).

The contradiction here lies in the notion of Being-in-the-world as a part of both authenticity and inauthenticity. Our difficulty is that the ideas of Being-in-the-world and the everyday are fundamental to *Dasein*, but are often distorted to support a purely ontic existence, neglecting *Dasein*’s inherent freedom and alienating it from its true nature. It is the basic state-of-being of *Dasein* to exist within the world, beside others, and to pursue everyday interests and goals; however, if *Dasein*’s natural interest in the world (and other beings) is allowed to become a consuming fascination with it, it becomes pulled into the inauthenticity of *Das Man*. Here then is the crucial separation of the authentic from the inauthentic: both dwell in the everyday and *Dasein* continues to project itself, but authentic *Dasein* does not allow itself to fall entirely into the world or become swept into the idle talk and submission of *Das Man*, tempting though it may be. By resisting tranquillity and taking the more challenging path of authenticity, it embraces both its freedom to choose itself (ibid., p232) and the profundity of anxiety.

It is important here to realise that Heidegger does not use the word ‘everyday’ as either a negative or a positive term. Indeed, the everyday is a part of both authenticity and inauthenticity for *Dasein*, and this fundamental state of *Dasein* must not be neglected. The crucial difference, however, is *Dasein*’s approach to the everyday. It must hold itself back from submission of its will to others and identify its potentiality. As Dreyfus argues:

Authentic Dasein... must continue doing what one does and being absorbed, even to the extent of being lost in its everyday work, while *resisting* becoming so *fascinated* by or taken over by the everyday activities that it loses itself and its primordial relation to its situation (Dreyfus, 1991, p228).

Dasein cannot exist in the world without becoming involved in projects and tasks, but it does not allow itself to become distracted by insignificant everyday tasks and lose sight of its own potentiality that was revealed through anxiety. Thus *Dasein* exists authentically, where *Das Man* becomes lost in inauthenticity.

The meaning of anxiety.

I have thus far touched upon the true meaning of anxiety, but not in any great detail. It is in the experience of anxiety that entities within-the-world and their signification for *Dasein* slip away from it, and it is left individualised. In this solitary state, *Dasein* must reconcile its new view of the world as insignificant with itself as Being. *Dasein* perceives that its historicity and Being-in-the-World intrinsically link it to the world of beings, but nonetheless do not negate its own freedom for self-determination. As the world slips away and *Dasein* remains, hovering in the nothing, it is forced to confront itself and the fact of its overpowering existence. Anxiety then, unlike other moods, is the feeling of being overwhelmed at the magnitude of *Dasein*'s very nature, separated from the world through which it formerly identified itself. Perhaps this is what elevates anxiety above all other moods. Although mood itself has no specific trigger in the world, it is triggered by the world; of all the moods, it is only anxiety that is so ingrained within *Dasein* itself rather than *Dasein*'s 'world' and situation. Mood is a way-of-being in the world, or perhaps more specifically a way of experiencing the world, and all mood except anxiety relies upon the presence of entities within-the-world and *Dasein*'s everyday interaction. Anxiety allows them to fall away from *Dasein*, individuating it as the only meaningful Being in its experience, possessing complete autonomy, and this experience is unsettling¹⁸ because it removes *Dasein* from the comfort of the 'They'.

This is arguably the most important way in which Heidegger surpasses psychiatry in his conception of anxiety. In the previous section, I explained that the fundamental psychiatric dispute about anxiety is its role as a survival instinct contrasted with its self-

¹⁸ We should perhaps consider this word as rather more fitting in this context than its usual colloquial one – *Dasein* 'settles' itself into the world and creates a feeling of homeliness. In anxiety, when the world of meaning falls away, it is the literal un-settling of *Dasein*.

destructive nature for the patient. However, now that we have studied the work of Heidegger it becomes clear that this particular juxtaposition is insufficient. Certainly, Heidegger is not arguing that anxiety is a form of self-destruction, or that it causes the individual harm; however, he is also not arguing that anxiety's role is as a survival instinct¹⁹. Anxiety serves a unique and invaluable role that individuates *Dasein*, freeing it from its ontic preoccupation and thereby compelling it to embrace its potentiality for authenticity. This exceeds the value of a survival intuition, and debatably²⁰ negates the physical and even emotional damage that anxiety can cause the sufferer – where psychiatry may define anxiety as pathological and in need of treatment when it disrupts 'everyday life'²¹, that is precisely the time at which Heidegger argues that anxiety becomes meaningful. Ultimately, psychiatry has assessed anxiety in purely ontic terms and entirely neglected its importance as an ontological experience that 'saves' *Dasein* from its fallenness into *Das Man*.

In Section 40 of Being and Time, Heidegger describes the phenomenon of falling into the 'They' as "a *fleeing* of *Dasein* in the face of itself" (1927, p229). Within its inauthenticity, *Dasein* is overwhelmed by its own potentiality for Being-its-Self and so attempts to escape from it by giving up its autonomy to the prescription and false wisdom of *Das Man*. It feels the magnitude of its freedom and 'dims it down' through falling. This is a betrayal of *Dasein*'s self, though. *Dasein* cannot avoid the burden of its own authentic potentiality, and it is in moments of anxiety when it is to some extent ambushed by it. Heidegger claims that *Dasein*'s potentiality and the experience of anxiety cannot be ignored or contained as if they were merely ontically threatening, because they do not originate in the world of entities; they exist ontologically. Here, he highlights the important difference between fear of the ontic and anxiety about the ontological. Anxiety cannot be understood in the same way as fear, because fear has a specific focal point in the world, where anxiety does not. The threat that provokes fear can be identified, classified and then 'dealt with' – even the more abstract fears such as xenophobia are

¹⁹ At least, not in the physical, or even ontic, way in which it is meant by psychiatrists.

²⁰ As I shall consider much later in my work.

²¹ Here, an important distinction is between the uses of the term 'everyday' – although Heidegger uses it neutrally, in terms of both authentic and inauthentic existence, psychiatry often considers it solely in terms of the life and interests of *Das Man*. I shall elaborate upon this distinction in my later work, though.

rooted in the ontic and can be assimilated into one's understanding of the world. Anxiety, on the other hand, does not originate in an external threat and so cannot be identified. This ethereality inherent in the threat enhances it, and it seems to oppress from an indefinite position, or from what Heidegger calls 'nowhere'. *Dasein* feels threatened by its own autonomy and attempts to flee from it, but since the threat comes from nowhere – and as such feels like it is coming from everywhere – it cannot be evaded.

That which threatens cannot bring itself close from a definite direction within what is close by; it is already 'there', and yet nowhere; it is so close that it is oppressive and stifles one's breath, and yet it is nowhere (ibid., p231).

Arguably, just as inauthentic *Dasein* originates in authentic *Dasein* that has fallen into the world in fleeing from itself, fear is simply anxiety that has fallen into the world – fear is inauthentic anxiety (ibid., p234). Fear is anxiety about the potentiality of other entities within-the-world and the threat that they may pose to *Dasein*'s existence. Anxiety is still the more profound of the two, focusing upon *Dasein* itself rather than its worldly occupations, but fear is to a certain extent its inauthentic form. This theory – that juxtaposes fear and anxiety as, to use a more neutral term²², one experience that can be placated and another that cannot – has interesting implications for the notion of transference that is often used in psychiatric explanations. Patients feeling anxiety often transfer their anxiety onto external objects or situations, thus enabling themselves apparently to negate the anxiety through avoiding or dealing with the situation (as in the examples I gave of patients who feel compulsions to straighten pictures or clean their house when anxious). Since the object of fear is finite, oppressing *Dasein* from a specific point in the world, *Dasein* can thus manipulate its situation to escape it – for instance, moving away from a snake, or hiding to avoid the storm overhead. In this way, *Dasein* is situating the threat in a specific location or situation from which it can move away. Anxiety, however, holds no particular entity as its object, and as a result there is no specific situation from which *Dasein* can retreat in order to feel safer, hence the tendency of many patients to displace their anxiety onto particular entities. However, if we study

²² So as to make it more applicable to both Heideggerian and psychiatric thought.

this tendency in Heideggerian terms, it quickly becomes clear that this is simply another form of fallenness. *Dasein* distracts itself from its ontological anxiety by absorbing itself back into the world of the ‘They’, fleeing from the anxiety and from itself.

Latent anxiety.

That which threatens is indeed *Dasein*’s own being, and just as *Dasein* can never lose its potentiality, it can also never lose the experience of anxiety. Even within the inauthentic life of *Das Man*, *Dasein*’s potentiality remains and will at times overcome *Dasein*’s fallenness, forcing it to face itself and thus allowing anxiety to take hold. The uncanniness of *Dasein* is that from which *Dasein* flees into the world, but because it can never lose itself – its *Dasein* and its freedom – it will never truly lose its latent anxiety.

Uncanniness pursues *Dasein* constantly, and is a threat to its everyday lostness in the “they”, though not explicitly. This threat can go together factually with complete assurance and self-sufficiency in one’s everyday concern²³ (ibid., p234).

Preoccupation with entities within-the-world is never permanent, no matter how deeply one has fallen into inauthenticity, and potentiality will force itself into *Dasein*’s awareness because it is principal to *Dasein*. It is not the primary state-of-Being, however, because *Dasein* is fundamentally a Being-in-the-world. It is in the nature of *Dasein* to dwell within the everyday and so the separation from the world (experienced through anxiety) cannot be its permanent state: anxiety is a fleeting experience. *Dasein* must turn back towards entities within-the-world and its projection, but at the same time it cannot forgo its freedom and responsibility for itself, and so anxiety in the face of its possibility will persist. This has interesting implications for the idea of a ‘trigger’ for anxiety – what is it that causes the transformation of latent, benign anxiety into the individuating active experience? In psychiatry, many forms of anxiety such as post-traumatic stress disorder are understood as originating in a traumatic event, and are thus categorised as having a

²³ This quotation also has strong implications for the self-assuredness of *Das Man*, which I shall touch upon later.

‘beginning’²⁴. If we see anxiety as a fundamental state of *Dasein* that is with it from birth, however, it does not have a beginning in the way that this implies. Its beginning is in existence itself. Perhaps it is a reaction to trauma, but if so, the trauma would be better described as the trauma of thrownness; *Dasein* is suffering the endless aftermath²⁵ of its coming into existence.

Original anxiety can awaken in existence at any moment. It needs no unusual event to rouse it... it is always ready, though it only seldom springs, and we are snatched away and left hanging (Heidegger, 1929, p104).

As such, all that anxiety requires to wake up is a reminder – even an imperceptible one – that its very existence is so profound, and the trauma recurs. Certainly, traumatic events can also trigger anxiety, but only insofar as they also serve as a reminder of *Dasein*’s autonomy. Anxiety is, as Heidegger described, ‘always ready’ because *Dasein*’s thrownness, suddenly finding itself in profound existence, is always overwhelming. It unsettles *Dasein* from its comfortable world at times that *Dasein*’s very nature can no longer let it ignore its possibility and its responsibility as an autonomous being; it is *Dasein*’s Being-in-the-world that keeps anxiety at bay, but as long as *Dasein* exists, it will be shadowed by anxiety.

‘Real’ and ontic anxiety.

It is worth considering how anxiety is experienced within the modern world and what Heidegger touches upon with the term “‘real’ anxiety” (Heidegger, 1927, p234). He talks about anxiety that is conditioned by ‘physiological factors’, and by this I think he means ontic anxiety. In the modern world, there are many factors that can cause the feeling of anxiety, where the world as one understands it slips away. However, these do not necessarily originate within *Dasein* and its potentiality, but within the world itself and even within the way-of-life of *Das Man*. Here, I am referring to instances such as anxiety about a job interview or meeting deadlines; these things are important in modern life, but

²⁴ I.e. a patient ‘first became anxious’ at a certain time (DSM-IV, p424-429).

²⁵ Perhaps this could even be the original post-traumatic stress disorder!

not fundamental to our existence as *Dasein*. They are not rooted in *Dasein*'s lingering potentiality, no matter how we may try to link them to it. By this, I mean that anxiety surrounding a worldly situation such as a job interview may tie in with an agent's desire to excel and 'realise his potential'²⁶, but for the most part the agent only understands this in terms of his ontic self, ignoring his potentiality as *Dasein*, and so the anxiety does not authentically refer to *Dasein*. One could therefore argue that because it is not a confrontation of the profundity of *Dasein*'s existence, it cannot be 'real' anxiety. However, it is only because anxiety is so fundamental to *Dasein* that an inauthentic form can also be provoked ontically; from this, then, can one infer that, although ontic anxiety is inauthentic, it does give us some route to real anxiety? Even in anxiety grounded in *Dasein*'s projects (rather than itself), *Dasein* still experiences the slipping away of the meaningful world and can no longer grasp experience or categorise it. *Dasein* still experiences derealisation, and its experience is still anxiety. Our fundamental understanding of anxiety must therefore remain the same, whether it concerns the ontic or the ontological. As in my discussion of authenticity and inauthenticity, then, the difficulty is that Heidegger's theory transcends the usual dichotomised structure of good and bad or, in this case, real and false. The description 'real anxiety' does not imply an unreal quality in other forms of anxiety, as if the ontic experience is somehow a non-anxiety.

It is in the true nature of *Dasein* to be haunted by anxiety; it is also in its true nature to be absorbed in the world (ibid., p149). However, it is vital that we do not neglect the importance of its comportment towards the world in which it becomes absorbed – *Dasein* lives focally, projecting itself through both its mood and its goals. As a result, aspects of the world fade in and out of its conscious awareness, as its focus (in terms of *Dasein*'s projection) changes; Heidegger describes this as a simultaneous concealing and unconcealing of the world. In light of this theory, our concept of anxiety becomes one in which meaning and entities within-the-world fade in and out, and perhaps the crucial difference between what I have termed 'real' anxiety and ontic anxiety is merely the degree to which the world's significance has dimmed. As such, inauthentic anxiety

²⁶ A phrase often used colloquially with very little thought to the true meaning of an agent's potential as *Dasein*.

cannot be neglected or dismissed, because it too is rooted in the latent anxiety within *Dasein*, but simply is not a strong enough experience to connect fully with the meaning of *Dasein*'s being. Although ontic anxiety may not bring *Dasein* before itself as the autonomous author of its own life, it does however open *Dasein* up to the experience of anxiety. Arguably, experiencing anxiety as a part of everyday life, even about issues within everyday life such as job interviews, could ensure that *Dasein* is receptive to anxiety and capable of embracing 'real' anxiety. This could mean that all anxiety – inauthentic as well as authentic – can serve the higher purpose of revealing the being of *Dasein*; not in the sense, however, that *Dasein* could somehow force itself to continue down this route of individuation from ontic anxiety into authentic anxiety and thus face itself as a thrown, autonomous Being. As Heidegger stipulates, anxiety of any kind cannot be elicited through reason, meaning that *Dasein* cannot decide the moment at which it will face its potentiality, nor can it force its own anxiety to change (or, in this instance, magnify) at will. Effectively, this is the one freedom that *Dasein* does not possess.

We are so finite that we cannot even bring ourselves originally before the nothing [in anxiety] through our own decision and will. So profoundly does finitude entrench itself in existence that our most proper and deepest limitation refuses to yield to our freedom (Heidegger, 1929, p106).

However, this does not mean that anxiety does not have a lasting effect upon *Dasein*. While it may not be able to choose to induce anxiety, it does make the choice to bear its effect in mind; it will return to the world of meaning, but will not allow itself to become absorbed into what it now understands to be essentially meaningless tasks and projects. This is the key factor in emerging from anxiety as authentic *Dasein*.

Summary.

The concept of anxiety is a seemingly contradictory one – how can anxiety be fundamental to *Dasein* when such unsettling individuation seems so opposed to its Being-in-the-world? The key to this question lies in the authenticity of *Dasein*'s Being-in-the-

world. Anxiety, wherein the world of meaning falls away from *Dasein* and it is forced to face itself, allows *Dasein* the freedom from ontic preoccupation necessary to confront its potentiality as an autonomous agent and to reject the temptation of *Das Man*'s tranquillity. *Dasein* is primarily an agent within the world and cannot stay suspended in the nothing – it must fall back into the world – but it must embrace its ontological freedom and return to an authentic way of grasping the world. Without anxiety, *Dasein* would be condemned to the inauthenticity of the 'They' and could never pull itself far enough out of the world around it to realise its true nature.

Chapter 3: How do we understand anxiety?

How have we compared the two approaches?

The key difference between the two approaches to anxiety that we have now identified is the emphasis placed upon its role in modern society. Whereas psychiatry labels anxiety's intrusion into everyday life as pathological and destructive, and therefore seeks to remove it, Heidegger's understanding incorporates a further level of meaning that endows anxiety with a unique significance in revealing the potentiality of *Dasein*. Even when debating the role of anxiety, in terms of its potential as a survival instinct contrasted with the harm that it can cause the individual, psychiatry does not go beyond its own boundaries to consider the possibility that anxiety – especially pathological anxiety – could have meaning. It focuses on its prevention and cure without any detailed understanding of what it is and especially without determining whether or not it does in fact need curing; to put it another way, psychiatry has several explanations for the *how* of anxiety, but examines the *what* as little as possible and neglects the *why* entirely.

This is because, although it has roots elsewhere, psychiatry is primarily grounded in scientific positivism and therefore understands mental health in terms that are set out for it by science – anxiety is a malfunction that must be analysed and treated. Patrick Bracken puts forward a theory about the prominence of science in the modern world that could help to explain this. The scientific community aims, to put it very plainly, to improve our view of reality and the world, and they believe that the best way in which to do this is to inspect and categorise the entities within it – in Heideggerian terms, they attempt to reduce the world to the present-at-hand. According to Bracken, scientific analysis of the world can provide information (for instance, a study of water can reveal its physical properties such as boiling point or appearance) but will never encompass aspects such as beauty or value, which relate to the significance we place upon it and which are a fundamental aspect of our original understanding of it..

To get the scientific view of reality we have to strip the world of its significance for us as individuals and as members of a community. This is

what it means to be objective. But the world as significant is actually primary and the scientific position is derived (Bracken, 2002, p97).

The present-at-hand is not primordial²⁷. We inhabit and negotiate the world practically, before we begin to consider and analyse it scientifically, so the meaning in the world must precede our calculative ideas. Science considers the world ontically, simply in terms of the things that exist, rather than ontologically, in terms of their Being; in doing so, it actually pushes the meaning further away from itself and restricts its view of the world – as Heidegger famously explained, “that which is ontically closest and well known, is ontologically the farthest and not known at all” (Heidegger, 1927, p69).

Scientific grounding of psychiatry.

This has interesting implications for psychiatry’s approach to anxiety, particularly in light of its intolerant approach to the disruption of everyday life. Does this mean that, if psychiatry is to embrace the possibility that anxiety is more than an overload of hormones or misperception of danger – that it is meaningful – it must first abandon its fundamentally scientific view of anxiety and of itself? The crucial change that must be made centres around the scientific community’s view of the individual’s everyday world, and more specifically what is meant by anxiety’s intrusion into it. There is a clear separation between Heideggerian and psychiatric thought when it comes to the anxious disruption of *Dasein*’s life (during which time its former understanding of its everyday tasks falls away): Heidegger argues that this is the moment at which it is truly able to confront itself, whereas psychiatry argues that this is the moment at which anxiety takes on a new pathological level and medicine must intervene. This difference in response to anxiety is ultimately grounded in the implicit difference in the view presented of the everyday world that is being interrupted. Psychiatry assumes that the everyday life that is interrupted is necessarily the everyday life to which *Dasein* must return, because it does not examine the ontology behind everydayness – it engages only

²⁷ Nor is it equiprimordial with the ready-to-hand – that would require a degree of interdependency, whereby either can be used as a base upon which to build the other. To reduce the world to science, from an originally meaningful form, is possible but to introduce significance into the world after scientifically reducing it is impossible. Thus we must begin from our experience within the practical world.

with ontic life, and as such attempts to incorporate all forms of everyday life into a single definition. The disruption is therefore unwelcome and disturbing, regardless of the relation between *Dasein*'s Being and its engagement with the world.

If we consider this through the Heideggerian explanation of authentic and inauthentic living, though, both of which are encompassed within everydayness, our definition changes and it becomes important to explore these dimensions further. Although *Dasein* cannot escape its worldliness – and, after the anxiety has subsided, must return to everyday life – there is a subtle yet important distinction between its authentic everyday dwelling and its inauthentic absorption into the world (and resultant neglect of its potentiality) (ibid., p224). The interruption by an attack of anxiety serves as an interval, during which time *Dasein* is given the opportunity to see itself and its life without the distraction or bias of its normal involvement. If its life is authentic, and it has retained a fundamental understanding of its own possibility to live beyond the means of *Das Man*, then it can return to the same everyday life that it left, as psychiatry intends. However, if its life is inauthentic, and lived through the will of other agents with no awareness of the significance of its Being, then the 'anxious interval' should allow it the chance to break free; to sink back into its former way-of-life²⁸ instantly, without truly seeing itself, would go against the true interests of *Dasein*. Essentially, psychiatry's argument that the experience of anxiety goes against an individual's interests relies too heavily upon the unexamined notion that there is only one form of everyday life, with no conception of the individual's potential for inauthentic over-involvement in the world. Without a concept of meaning within the world and the importance of authentic interaction with it, scientific psychiatry does not allow for the idea that an individual could become inauthentically absorbed in his everyday world and neglect his own autonomy, because it assumes that there is only one world and thus only one way in which to experience or to engage with it.

²⁸ Here, it is vital that we bear in mind that authenticity and inauthenticity are not lives in themselves; they are attitudes towards everyday life. Authenticity is a way of approaching the world, so an inauthentic agent who then embraces anxiety and his potential for authenticity would still return to the same life, as such, but with a different approach to it.

The doctor-patient relationship.

Does this mean, then, that modern psychiatry inadvertently maintains the interests of *Das Man* rather than *Dasein*, by not differentiating between the two dimensions of everydayness? An individual suffering from anxiety will not be allowed to embrace it and turn towards himself because psychiatry focuses so adamantly upon returning him to his former tranquillity. In effect, psychiatry's insistence that anxiety must be avoided or cured simply serves to hinder the patient's own self-awareness. Consequently, psychiatry becomes a form of 'fallenness' whereby *Dasein* flees from itself into public interpretation and the self-certainty of *Das Man*, and is made to believe that "there is no need of authentic understanding or the state-of-mind that goes with it" (ibid., p222). In its current form, psychiatry aims to block anxiety before it can significantly affect the individual, meaning that even authentic *Dasein* is prevented from experiencing the profundity of its own Being and so will be at risk of falling back into ontic preoccupation and inauthenticity. Psychiatry, as it functions now, does not consider the meaning of anxiety and thus also overlooks its importance for authentic self-world relation; by intervening, it apprehends *Dasein*'s moment of choice and thereby imposes its own will upon *Dasein*. The psychiatrist assumes a position of power over the patient, and this is certainly a relationship that merits further investigation.

Here I shall draw upon the work of Ivan Illich, who describes the relationship as one of mutually indulgent role-playing, in which "the recognised healer transmits to the individual the social possibilities for acting sick" (1976, p44), thereby sustaining the need for his profession, and the patient is then given the excuse of 'illness' for his socially in compliant behaviour²⁹. This correlates rather well with an idea presented by Michel Foucault that this 'coupling' occurs through the doctor's assumption of a role of ultimate knowledge and authority, with power to cure irrationality, and the patient's resultant compliance; as the psychiatrist's influence increases, the patient thus begins to see him as a thaumaturge or miracle-healer and to submit his will to him (Foucault, 1964, p259-264). He now no longer questions his treatment (or his ailment) because he has relinquished responsibility for his care to the therapist. Illich's explanation of the

²⁹ I shall return to this aspect of the patient's complicity in the relationship further on.

mindset behind this trend in modern medicine, including psychiatry, is presented through the phenomenon of iatrogenesis, seen both socially and culturally³⁰, whereby modern medicine becomes self-perpetuating through its 'sponsorship' of illness and its own primacy.

Socially, this means that individuals submit to the decisions of medical practitioners instead of reclaiming control over their own health; they allow themselves to be transformed into 'patients' (and thus alienated from their sense of self³¹) and become caught up in the consumerism of modern medicine. In this way, our concept of illness becomes distorted and physicians are elevated as the only people sufficiently able to diagnose and cure symptoms in others. Arguably, this social iatrogenesis stems from the fact that understanding medicine requires extensive training and knowledge, which most individuals do not have, so our reliance upon the diagnoses of medical practitioners could be justified; however, if we then go on to look at the effects of cultural iatrogenesis, the true significance of individuals' unquestioning submission to the will and decisions of others becomes clear.

Cultural iatrogenesis and suffering.

Culturally, the submission of one's own will does not simply amount to an agreement to any medical treatment when one is suffering; far from being an issue of simply deciding one's treatment, cultural iatrogenesis refers to the altering of people's perception of health altogether³², where "the medical enterprise saps the will of people to suffer their reality" (Illich, op. cit., p127). By this, Illich is attempting to redress the stigmatised notion of 'suffering' as something that no longer can or should be tolerated. Individuals in the modern world are made to believe that suffering holds no value and is therefore unacceptable, and so they begin to assume that they are incapable of enduring it and must be 'fixed'. Is this necessarily the way that we must understand suffering, though? Many thinkers such as Schopenhauer have argued that suffering is in fact as

³⁰ Illich also describes a third form – clinical iatrogenesis – but, as this form is not as relevant to my work, I have not included it.

³¹ Their health and body – and, indeed, their mental health and their mind – become subject to the will of another, and thus no longer belong to them.

³² By which I mean that I do not only submit my will in terms of choosing a treatment – I submit it from the first instance, in accepting another's diagnosis that I am ill.

fundamental an experience as satisfaction; furthermore, it is the “true destiny” of mankind and an intrinsic part of human life (Schopenhauer, 1844, p635-6), making it both endurable and necessary. Illich’s point, then, is that modern medicine (and modern society in general) alters our perception of suffering, creating superstition around it and then offering ‘cures’, so that individuals are no longer prepared to bear it. He elaborates upon this by arguing that suffering has often been interpreted within traditional cultures as a challenge to be overcome that forces the individual to face reality and the inevitability of death (Illich, op. cit., p127-8), a claim that ties in with Heideggerian thought. As such, a true understanding of suffering cannot dismiss it as dangerous or useless because it is both an inescapable and a meaningful part of life. Perhaps, in that case, our unquestioning faith in the decisions made for us by medical practitioners about the way in which we should respond to anxiety (as a form of suffering) should in fact be questioned. Illich’s fundamental idea is that modern medicine, including psychiatry, is based on the notion of maintaining a degree of control over people and the way in which they see themselves and their society.

Such medicine is but a device to convince those who are sick and tired of society that it is they who are ill, impotent, and in need of technical repair (ibid., p9).

He claims that the ‘fortunate’ side-effect of labelling anxiety as a branch of mental ill-health and suffering is that society is thus given a new way in which to convince those who no longer wish to continue in its rat-race that the problem lies not within society, but within them. Any individual who suddenly finds himself overwhelmed by the essential meaninglessness of society – and might consequently wish to change it or to point out its flaws – can be classified as ‘broken’ and in need of help to sink back into their old understanding of the world³³. Heidegger would argue that this demonstrates that psychiatry is intrinsically embedded in fallenness and in the self-certainty of the ‘they’, and it therefore functions as a device for the self-perpetuation of *Das Man*.

³³ Personally, I feel this is reminiscent of Orwell’s treatment of ‘madness’ in 1984, wherein Smith questions the inherent hypocrisy (and, one could even argue, evil) in his society and is therefore taken away to be ‘saved’ from his ‘mental derangement’ (Orwell, 1948, p230).

The patient-doctor relationship, and ‘the unconscious’.

However, all that I have mentioned of Illich’s work thus far has only dealt with the role of the doctor, and yet the role of the patient is just as important in maintaining modern psychiatry. Effectively, Illich’s argument is that, by putting himself into the role of a ‘sick person’ an individual feels that he is able to abdicate his responsibility for himself and rely upon his doctor to ‘solve his problem’³⁴. Anxiety has stripped away the world of meaning and familiarity from *Dasein* and left it exposed – *Dasein* has now had its own potentiality forced into its consciousness and it feels it as a burden. *Dasein* is an autonomous Being and as such is ultimately accountable for itself; this revelation can be a very disturbing change from the “dominance of the public way” of *Das Man* (Heidegger, 1927, p213), and so is often rejected by *Dasein*. Becoming a patient is a form of avoidance behaviour that allows *Dasein* to close itself off from the revelations inherent within anxiety and submit itself entirely to the will and decisions of another. Heidegger would argue that there is an obvious contradiction here, in that *Dasein* ultimately can never escape its own potentiality or freedom – it is a part of its Being – and therefore will never escape the responsibility for it; the abdication is illusory. Illich argues that the attempted delegation to another (i.e. asking a psychiatrist to ‘fix’ the anxiety rather than confronting it oneself) is typical of modern society, in which:

People are conditioned *to get* things rather than *to do* them; they are trained to value what can be purchased rather than what they themselves can create.

They want to be taught, moved, treated or guided rather than to learn, to heal, and to find their own way (Illich, op. cit., p214).

Modern psychiatry perpetuates the myth that individuals cannot (and should not have to) deal with their anxiety alone, and so contradicts Heidegger’s idea that only the individual can truly deal with their own anxiety. It is acceptable to surrender to the superiority of the psychiatrist because there are many aspects of anxiety about which the patient is

³⁴ This is not the full extent of the patient’s complicity, as I shall explain later.

incapable of knowing – in this way, the notion of unaccountability is embedded within psychiatric theory, which poses a problem if we are to unite Heidegger and psychiatry.

Several branches of psychiatric thought rely heavily upon the notion of unconscious desires, or mental processes beyond the patient's control that cause the onset of anxiety. The psychoanalytic explanation, for instance, describes anxiety as a consequence of repressed unconscious desires, and the conditioning theory accounts for anxiety as a (potentially) unconsciously-learned process. However, this idea of the unconscious as a part of the mind beyond access or control of the patient becomes problematic when we introduce Heidegger's existentialism, because Heidegger did not accept the idea of the unconscious. Like several other existentialists (most notably Sartre), Heidegger believed that introducing the idea of an unconscious part of the mind was simply another attempt to deny ultimate accountability or choice – an individual can dismiss all unacceptable behaviour and thoughts as stemming from the unconscious mind, which is beyond his control, and he therefore cannot be held accountable for them. However, for Heidegger, all thought processes occur in the conscious mind, whether we actively choose to endorse them or not, and so we must hold ourselves responsible for them. *Dasein* is accountable for itself at all times; however, if it does not embrace that fact, it will often try to subvert it through refuting its responsibility for the experience in the first place, through concepts such as the unconscious, and then by trying to give up its autonomy to another person, namely the doctor.

Thus, the attempted relinquishing of responsibility extends further than simply denying culpability. The patient also looks to the doctor to provide him with a convenient excuse for his socially unacceptable behaviour. By this, I am referencing Illich's further remark that patients delude themselves into believing that they are victims, where in fact they are "lazy, greedy [and] envious deserter[s] of a social struggle" (ibid., p123). It is at this point that Illich's argument diverges from the work of Heidegger. Although his initial argument – that role-playing as a patient is an attempt to absolve oneself of responsibility – coheres with the arguments put forward by Heidegger³⁵, he clearly holds a drastically

³⁵ As I shall discuss in a moment.

different view of the fundamental relationship between the self and society. At this point, Illich is presenting the patient as someone who is using the excuse of illness as a way of escaping society, because he is sick of the struggle it entails; this clearly contradicts the idea that I presented within my section on Heidegger, regarding to the tempting tranquillity inherent in the lifeworld of *Das Man*. To reiterate, in anxiety *Dasein* feels itself pulled away from tranquil society and forced to face its true nature – the inauthentic fallenness of *Das Man* is therefore a temptation for *Dasein*, representing tranquillity and an illusory freedom from the burden of its potentiality. As such, I would argue that the excuse of mental illness is not an excuse to escape society at all, but in fact an excuse to get back in. Inauthentic *Dasein* can explain away its unacceptable and disturbing experience during anxiety as a meaningless symptom of illness. Thus for itself, it superficially placates its underlying ongoing anxiety so that it can return to its former undisturbed state; to other agents, it can clear itself of accountability for its lapse in character or behaviour and rejoin the ‘herd’. By labelling anxiety as an issue of ill-health, the patient apparently becomes a victim of a medical malfunction and therefore cannot be held responsible for the cause. Thus the patient is just as complicit within the doctor-patient relationship as the psychiatrist, and uses it to perpetuate his own fallenness.

Daseinsanalysis.

Does this mean, then, that psychiatry cannot serve the interests of *Dasein*? Is the doctor-patient relationship now too rooted in the ontic that it can do nothing for ontology? Perhaps it could simply be approached in a different way. Primarily, the obstacle for psychiatry is its neglect of the meaning of anxiety, and the assumption that it must be ‘cured’ before it disrupts the patient’s life. Psychiatry does not allow for the *why* of anxiety in experiences such as derealisation because it does not comprehend that what it sees as isolation is in fact individuation and the opening up of the true meaning of *Dasein*. If it did, the relationship between patient and doctor would be fundamentally altered, and it would relate to Heideggerian thought in a dramatically different way. This is not an unheard-of change, though. Two psychiatrists, Ludwig Binswanger and Medard Boss, separately developed a theory known as *Daseinsanalysis*³⁶ which effectively

³⁶ Or *Daseinanalysis* [without the second ‘s’] – it is often called both.

moulded Heideggerian theory into a form of psychoanalysis. Within *Daseinsanalysis*, the fundamental premise of anxiety is its potential for revealing the true nature of *Dasein* and its relation to the world; the patient's relationship to his anxiety becomes very different and the psychiatrist's role in the therapy is therefore drastically changed. Anxiety is accepted as a revelatory experience, and thus the patient is encouraged to embrace its meaning. As this is very much a choice that the patient must make and carry out himself, the psychiatrist takes a much less active or domineering role; he employs a technique of gently helping the patient to open up, rather than enforcing techniques upon him to close him off. William Richardson compared this with the Heideggerian theory of 'letting be', as it would be applied to psychoanalysis:

I take this to mean that in psychoanalysis, the task of the analyst would be to let the analysand [the patient] be, so that she in turn may let herself be and thus achieve the freedom that comes with the disclosure of what she is in truth (Richardson, 2003, p34).

This fundamental difference in the psychiatrist's role focuses upon his 'solicitude' towards the patient, a term that Boss has borrowed directly from Heideggerian theory. Boss describes two forms of solicitude, or approach – the first is to leap in, and the second is to leap ahead. Modern psychiatry tends to favour the former, whereby the therapist 'takes over responsibility' for the patient's life and actions, preventing his actualisation of his autonomy. The latter form, however, is just as employable by psychiatry as long as its understanding of anxiety becomes more receptive. It involves a sort of liberation, instead of domination, and opening up of possibility for the patient; the therapist does not seek to impose his own will upon the patient, but instead to help him to embrace his experiences (in this case, anxiety) and understand them. It still incorporates many of the traditional psychoanalytical techniques such as free association³⁷, but the notion of the psychiatrist extracting information from the patient in order to diagnose

³⁷ A process in which the patient is instructed to say anything that comes into his mind, regardless of how logical or acceptable it seems, and to 'go with it'; this supposedly allows the patient further access to his subconscious, and expression of these desires and values will allow the therapist a better insight into the potential cause of the patient's problems.

them is entirely reversed – the relationship has now become dynamic and mutual. As Bracken explains, Boss claimed at several points in his work that “Heidegger’s description of a non-dominating form of solicitude is actually the ideal model of care for the psychotherapist” (Bracken, op. cit., p126-7) because it suits the therapist’s role in helping the patient to reach his own decision.

Interestingly, Bracken in fact argues that *Daseinsanalysis* is a very limited idea because it is not a drastic change from psychoanalysis, involving many of the same techniques, and claims that he is in fact simply rethinking Freudian ideology and returning it to its original form, rather than developing an entirely new therapeutic concept from Heideggerian philosophy (ibid., p127-9). However, I believe this to be a significant underestimation of Boss’ goal. It is true that he did not revolutionise an alternative to psychotherapy, and that his ideas do settle somewhat similarly to those proposed by Freud. However, this does not mean that his work is not also compatible with Heideggerian thought or that it is not a significant step towards a more reciprocal relation between patient and psychiatrist (and ultimately a better understanding of the self). The key issue is that Boss³⁸ does not explicate the view of anxiety upon which his theory would be founded. To clarify, I mean that he does not explain that psychiatry’s understanding of anxiety (and of how it is experienced) must be extended in order to incorporate its level of meaning. If that is not explained, then the change in the doctor-patient relation is superficial at best and will still focus upon the patient’s ontic self-understanding, neglecting the true nature of *Dasein*. Fundamentally, even within Boss’ description, psychiatry itself will not be changed, and will continue to explain away anxiety in scientific and ontic terms; it does nevertheless represent a major step in changing the way in which the patient is allowed to choose his treatment and he will therefore experience anxiety more openly during his therapy. This raises the question of a patient’s ability to recognise and face up to the profundity of anxiety on his own, which I also feel is a question distinctly lacking in the work of Heidegger.

³⁸ At least as his ideas are portrayed here.

Can *Dasein* embrace its potentiality?

Much of Heidegger's explanation about the need for *Dasein* to see the meaning of its existence and embrace its potential for authenticity neglects one very simple question: what if *Dasein* cannot face up to its potentiality? Heidegger argues that anxiety allows *Dasein* to face its true nature, free from its usual networks of significance, and consider its authenticity; however, what happens if an individual is incapable of facing their anxiety? It is important that we do not dismiss the ideas presented by psychiatry simply because it has a more restricted understanding of anxiety than Heideggerian thought. Psychiatric theory describes a great number of physical symptoms attributed to anxiety that have a significant and negative effect upon patients; this, of course, is the primary reason that it attempts to hinder anxiety. Levitt even argues that free-floating anxiety is a rare occurrence within psychiatric research, because the mind struggles with the inherent lack of focal point and so, "to forestall a complete emotional collapse" (Levitt, op. cit., p7), it attaches it to an object or event which can then be feared and dealt with – the idea here, then, is that free-floating anxiety, which presumably refers to the anxiety described by Heidegger, is such a dangerous experience that it can cause emotional collapse. When considering the concepts of avoidance behaviour and transference of anxiety, it is relatively easy to dismiss them as forms of ontic fallenness that distract *Dasein* from itself – transference, in particular, is merely its attempt to placate anxiety in the face of its potentiality by transforming it into fear of ontic entities or situations.

However, if we believe the argument that severe anxiety can be too strong for a person to deal with (and the resultant symptoms of it will physically harm or even kill him), perhaps we begin to see certain forms of ontic fallenness as necessary self-preservation instincts instead. The inherent problem with Heidegger's work is now uncovered: his understanding of the experience of anxiety is simply not as practical as that presented by modern psychiatry. He considers anxiety hypothetically without questioning the realistic implications of *Dasein* facing it – perhaps anxiety truly is so unsettling that *Dasein* can never recover from it. Clearly, within Heideggerian thought, it is not supposed to 'recover'; it must bear its experience in its mind from then on, in order to maintain authenticity. What I mean by this, though, is that perhaps *Dasein*'s re-entry into the world

will be forever jaded and its fundamental 'Being-with' will be forever altered from the individuation of the experience. Janoff-Bulman, as described by Bracken, explains that many victims of traumas such as rape, who consequently feel anxious symptoms such as derealisation, often feel so severely that they have been 'cut off' from the world, and describe their experience as "living in a meaningless void, desperately seeking their old sense of order and meaning" (Bracken, op. cit., p142), that the experience does not subside; they cannot reintegrate themselves into the world at all. As such, we see what Heidegger described as the temptation of *Das Man* appearing even within ongoing experiences of anxiety (in retrospect). Could the tempting tranquillity of inauthentic life actually serve as a survival factor – perhaps the reason that anxiety cannot be a permanent state for *Dasein* is that it is a damaging experience against which *Dasein* has a defence mechanism (to allow it to slip back into the world). Modern psychiatry would argue that the tranquillity of *Das Man* is simply life, and that anxiety is an interruption of life that is categorically damaging. Heidegger, however, would argue that it is fundamentally within *Dasein*'s power to embrace its own potentiality; if such an experience is somehow too intense a shock for it, that must denote *Dasein*'s extreme absorption into the world³⁹ and therefore its need to experience anxiety, to reclaim its self-awareness. Personally, I feel that the argument cannot be as clear-cut as that implies.

Anxiety-proneness.

Perhaps psychiatry as we are interpreting it through Heidegger could be of use here. Although anxiety has a revelatory power for *Dasein*, the physical damage that it can inflict upon individuals must be taken into consideration. Psychiatry must incorporate an understanding of *Dasein*'s authenticity and consider that in its resultant understanding of patients, but first and foremost psychiatry aims to allow *Dasein* to function within the world (as even Heidegger claimed that it must). If an individual is currently incapable of handling its anxiety, this could well be a result of over-embeddedness and preoccupation with entities within-the-world, but this does not necessitate an instant change. The ontological and the ontic are no more juxtaposed than authenticity and inauthenticity:

³⁹ It could only be considered a dangerous shock for *Dasein* to be ripped from the world and suspended in the 'nothing' if it has in fact sunk further into the world and *Das Man* than its normal 'Being-with' compels.

they are simply different approaches to the world. Heidegger does not prescribe authenticity over inauthenticity; he simply describes a different level of attunement (in authentic *Dasein*) that has not yet been uncovered in philosophy and that demonstrates a greater dimension of self-awareness. Thus inauthentic *Dasein* is not as in-tune within its nature and its potentiality for authenticity, but ontic existence is not so undesirable or 'wrong' that psychiatry must wrench its inhabitants from within it straight away, at their own risk. There are certain agent-specific factors that must be taken into account that Heidegger does not necessarily incorporate into his work, but that do have an impact upon how we understand anxiety, such as anxiety-proneness. If one patient is more prone to attacks of anxiety than others⁴⁰, does this put him at greater risk of physical illness? As I have previously stated, there are different dimensions of anxiety, some of which are more authentic than others, but they are all nonetheless rooted in the concealment and unconcealment of significance within the world (and therefore of the autonomy of *Dasein*), and the trauma of losing the significance could have a noticeable impact upon individuals that experience it more frequently. At what point does psychiatry step in and save the patient from mental break-down⁴¹?

Furthermore, we must now accept that an anxiety-prone individual may not always have attacks of 'real' anxiety but will nonetheless be given some insight into the meaninglessness of the world on every occasion. Do we assume from this that it shows a profound attunement with *Dasein*'s essence, or at least with the 'nothing', to have increased anxiety-proneness? Even in the case of ontic anxiety⁴², it is rooted in 'real' anxiety and so increased experience of it would provide *Dasein* with a certain insight into the world around it. Indeed, we could mirror this argument in the case of chemically- or experimentally-induced anxiety – presumably, it cannot be considered 'real' anxiety, because Heidegger argues that 'real' anxiety cannot be manifested at will. The biological and learning psychiatric theories of anxiety may argue that this anxiety is induced in the

⁴⁰ And therefore, potentially, has a greater experience of his nature, through anxiety.

⁴¹ This of course relates to Goodwin's argument that anxiety is comparable with diabetes – if a patient is incapable of handling anxiety himself (like many are incapable of producing insulin and thus handling diabetes themselves) because its effect has become so extreme, how do we now see the role of psychiatry in helping him?

⁴² If the anxiety attacks all centre around ontic preoccupation, such as arriving late to an appointment or getting caught in the rain without an umbrella.

same way as 'normal' anxiety⁴³, but the difficulty here is that they have no concept of different dimensions of anxiety. The anxiety that is induced within experiments is simply forced transference of anxiety, not forcibly-induced 'real' anxiety; as anxiety is latent within *Dasein*'s very nature, it can be woken at any moment and in experiments where situations are created to induce it, anxiety can be 'created' through transference but this does not mean to say that any individual can experience anxiety at will as long as they have the correct experimental situation. At the other extreme of this argument, how would Heidegger view people who do not experience anxiety⁴⁴? Are they somehow condemned to a life of inauthenticity, with nothing to disturb them from their tranquillity and show them their potentiality? It is difficult to imagine that psychiatry – in its current form, or in the Heideggerian form that I am proposing – would be able to enforce any form of anxiety upon them, even ontic anxiety.

Thus, we encounter the truly inauthentic *Dasein*, that is so thoroughly embedded within the world that no traumatic event is powerful enough wrench it fully from its 'hustle'. To what life is it condemned if it never experiences its potentiality? *Dasein*'s nature (both authentic and inauthentic) compels it to exist within the world and among other people, so the inauthentic *Dasein*'s life may not be drastically altered. However, he will not feel himself plagued with constant underlying dread, or ever experience the world as truly separate from himself; he will never embrace the fundamental meaning of *Dasein* or his own mortality; he will instead perpetually distract himself with ontic values and activities. Even if we deny the possibility of an entirely anxiety-free individual, inauthentic *Dasein* could still escape the unnerving experience of anxiety in its downward plunge⁴⁵ much less painfully than authentic *Dasein* does in its openness to it. The crucial question here is, does that matter?

⁴³ The biological theory argues that anxiety is a result of chemical change in the body, so artificially changing the chemicals to produce the same result would not have any additional or lost meaning to it. Similarly, the learning theory would allow that the only difference between experimentally-induced and 'normal' anxiety is that the former may be easier to predict because the trigger will be better known.

⁴⁴ Are there even, in fact, such people? Would it not seem more likely that they do in fact experience anxiety but they simply avoid/deny/transfer it and then once it has passed, fall back into inauthenticity and pass it off as 'nothing' [a rather fitting colloquial comment that is often used, given that anxiety is in fact the suspension of *Dasein* in the 'nothing'!].

⁴⁵ A term used to describe *Dasein*'s act of falling (Heidegger, 1927, p223)

What is the 'value' of authenticity?

Effectively, in his explication of authenticity, Heidegger has been arguing that there is some implicit and definitive value to authentic existence that can never be gained through inauthenticity, a value that presumably comes from genuine self-understanding and fundamental awareness of one's own mortality and conditioned-ness. Despite basing his philosophy upon uncovering and examining the self-evident, this self-evident value is something that he does not question. He apparently demonstrates inauthenticity as just another way of Being – another way in which to embrace everyday existence – but if there is no intrinsic value to authenticity, then why should the avoidance of anxiety in modern psychiatry be a negative feature? What is it that causes us to denounce inauthentic living, when it can lead to tranquil contentment and, essentially, there is no argument given as to why *Dasein* should choose to embrace its potentiality?

I have already mentioned part of Heidegger's refutation of statements such as these, shown in Section 38 of Being and Time:

The supposition of the 'they' that one is leading and sustaining a full and genuine 'life', brings Dasein a *tranquillity*, for which everything is 'in the best of order' and all doors are open... When Dasein, tranquilized and 'understanding' everything, thus compares itself with everything, it drifts along towards an alienation in which its ownmost potentiality-for-Being is hidden from it (Heidegger, 1927, p222).

This argument does still seem to rely upon an inherent notion of value to authenticity that is given no explicit justification by Heidegger.

Perhaps we are misinterpreting it by labelling it 'value', though. It should not be taken in prescriptive terms. Heidegger does advocate authentic living, but not necessarily as a value (at least, not as we would understand the word). Rather, it is that authenticity is neglected in the modern understanding of the world and Heidegger is adamant that it must be unconcealed because, arguably, potential for authentic existence is primordial to

potential for inauthentic existence⁴⁶. In order to maintain inauthenticity, *Dasein* must avoid and ignore its potentiality; the fact of anxiety shows that *Dasein*'s potentiality stays with it and forces itself upon it. When *Dasein* is automatically brought before itself within anxiety, it must choose to flee from anxiety, meaning that its potentiality is inherent within itself and awareness of it is more fundamental than ignorance. Furthermore, this new idea that *Dasein* 'chooses' to flee into inauthenticity hinges upon Heidegger's argument that it cannot escape its potentiality: even in trying to negate its potentiality (for choice and autonomy), *Dasein* makes a choice to negate it. Fundamentally, then, the issue here is not an inherent value to authenticity, at least not in the modern understanding of 'value'. Authentic existence, though not as 'tempting' as the inauthenticity of *Das Man*, is primary and as such cannot be forsaken or escaped. The fact that, even in fallenness, *Dasein* cannot truly escape its potentiality⁴⁷ highlights its simultaneous pull towards authenticity even while absorbed in inauthenticity. The crucial problem with psychiatry is not necessarily that an individual 'should' choose authenticity and yet is not given the chance; it is that the individual's choice is made for him in only enabling access to inauthenticity. Through experiencing anxiety, psychiatry must allow the individual the autonomy to experience and embrace his potentiality for authenticity as well as inauthenticity.

⁴⁶ Inauthentic existence is often the initial or original state-of-being for *Dasein* when it becomes lost in the world, but this does not dictate that *Dasein*'s primary potential must be towards inauthenticity.

⁴⁷ Meaning, specifically, its potentiality for authenticity.

Conclusion.

Although Heidegger and psychiatry may disagree with the way in which anxiety should be understood, they do nonetheless agree that it is worthy of debate. Now that I have developed the arguments put forward by both sides, it is clear that there are several fundamental and potentially irreconcilable differences between the two approaches. The crucial point is this: psychiatry, as it retains its links with scientific positivism, entirely neglects the concept of the meaning of anxiety, and as such will never realise its potential role for the liberation of *Dasein*. Psychiatrists focus upon diagnosing and curing anxiety; they condemn it as a form of suffering that inflicts itself upon individuals to no positive purpose:

The mental health professional regards anxiety as a painful, debilitating, even catastrophic condition that cries out for alleviation (Levitt, op. cit., p162).

Their role in patient-care therefore becomes one of domination, in order to ‘save’ the patient from this pathological self-destruction, and the patient becomes their subordinate⁴⁸.

Anxiety is not simply self-destruction though. It is certainly not a mere survival-instinct. Anxiety is an unsettling and disturbing experience in which the safety of meaning within the world slips away and leaves *Dasein* to face itself and its own potentiality; the resultant symptoms of this can indeed prove dangerous or even self-destructive to the individual. However, its significance is far greater than this. It shows *Dasein* the possibility of a new, authentic engagement with the world, and allows it the opportunity to escape its own fallenness in the tempting yet meaningless world of *Das Man*. Anxiety is the most fundamental of moods, and must not be dismissed without an understanding

⁴⁸ It is vital to remember, though, that this is not a malicious relationship or intentional coercion – psychiatry simply does not have the capacity (in its current form) to understand what its patients truly need and so it dominates them in its own self-belief.

of its *why* and *what* as well as its *how*⁴⁹. As such, it becomes imperative to consider the ways in which psychiatry could evolve in order to accommodate a more philosophical – or specifically Heideggerian – view and thus provide therapy to patients that will ultimately serve their true interests. Medard Boss presented an inspired idea in the form of *Daseinsanalysis* that, though criticised as a form of psychotherapy rather than an entirely new phenomena within psychiatry, is certainly worth inspecting. It centres around changing the relationship between the patient and doctor, so that it becomes one of liberating solicitude that allows the patient to seize his own autonomy in choosing authenticity or inauthenticity. *Dasein* is ultimately accountable for itself in all situations, and even its choices to abdicate responsibility to another⁵⁰ still constitute choices; *Dasein* is condemned to its autonomy and its potentiality, and psychiatry must begin from this position.

Fundamentally, psychiatry cannot be dispensed with, though, because *Dasein* is not necessarily capable of dealing with the implications of anxiety, or its physical effects, alone. Many individuals are physically affected by anxiety and require help in opening themselves up to it, particularly if they have previously been absorbed in the world of *Das Man*. Although its view of anxiety is fundamentally flawed, the solution must be to alter psychiatry, not abolish it. The alteration that I am presenting here is the application of the Heideggerian concept of meaning within anxiety, intrinsically linked with a further concept of meaning within the world; although this is a drastic change from psychiatry in its current form, it is not necessarily unachievable and does in fact have support from psychiatrists such as Patrick Bracken.

The most difficult part in transferring Heideggerian theory onto modern psychiatry, though, is that there is no dichotomisation or value-judgement of the kind with which psychiatry is familiar. The liberating form of solicitude (leaping ahead of the patient instead of leaping in; guiding instead of controlling) is not intended to promote

⁴⁹ Psychiatry focuses almost exclusively on the *how* in order to know its diagnosis and appropriate treatment; philosophy incorporates the *what* in order to answer the most important of the three, the *why*. It seeks a meaning behind anxiety for which psychiatry does not even know how to look.

⁵⁰ Such as a psychiatrist.

authenticity and put an end to inauthenticity; crucially, authenticity is simply a different approach to the world than inauthenticity, not a new world, and so the two cannot be juxtaposed as clear-cut prescription. Even the notion of ‘suffering’ is not given a negative stigma within the work of Heidegger, because he understands that many of these dichotomised values within modern Western society are unexamined and symbolic of *Das Man*’s unquestioning self-certainty. Authenticity is crucial to *Dasein* in its primacy, not in its ‘value’. Anxiety plagues *Dasein* because it cannot escape the very nature of its Being; as such, its very self is intrinsically linked with authenticity, just as with everydayness and Being-in-the-World, and it will be haunted by it.

The role of psychiatry, then, is to open up the meaning of anxiety as *Dasein* experiences it. The psychiatrist helps the patient to realise for himself that he must not neglect his own potentiality or allow himself to superficially abdicate his responsibility for himself to others. This is not an impossible task – all that is required is for psychiatry to allow the meaning of the world to unconceal itself and its relation to patients will therefore change to be more in tune with *Dasein*’s true nature. Anxiety is not reducible to a mental malfunction or over-acting survival instinct, because it is the key to opening up the true nature of the world and of the potentiality of the self to *Dasein*:

Anxiety makes manifest in *Dasein* its *Being towards* its ownmost potentiality-for-Being – that is, its *Being-free for* the freedom of choosing itself and taking hold of itself (Heidegger, 1927, p232).

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